

**WESTMINSTER POLICE DEPARTMENT
SPECIAL EVENT PERMIT APPLICATION**

Event Location Name					Telephone		Purpose for Permit	
Event Address					City			Zip
Organization Name								Telephone
Street Address					City			Zip
Name of Applicant/Person In Charge				Address/City/Zip				Telephone
Sex	Hair	Eyes	Height	Weight	Date of Birth		Social Security Number	
California Driver's License								
Business Information - Description of Business Activity - goods or services provided to customers								
Date of Event			Time			Type		
Special Event - Name of Insurance								
Security - Name of Company						Address		
Additional Information _____								
Any false, misleading or fraudulent statement, whether knowingly or negligently made in connection with this application or in any document required by the Chief of Police, will result in denial or revocation of permit. Permit is not transferable to another person. Filing of an application and payment of fees does not allow applicant to work. The receipt is not a work permit.								
Signature _____					Date _____			
Please attach the following document: Copy of California driver's license								

FOR OFFICE USE ONLY

File Fee \$ _____	Receipt No. _____	Received by: _____	Non Profit <input type="checkbox"/>	Commercial <input type="checkbox"/>
Approved _____		Denied _____		
Chief of Police (or designee)		Chief of Police (or designee)		
Date From: _____	Date To: _____	Date Issued : _____		
Time From: _____	Time To: _____	Permit No. _____		